

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12355

CERTIFICATE OF DEATH

Reg. Dist. No.

12594
363

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) 39 TOWN Crisfield	LENGTH OF STAY (in this place) lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Lawsonia Section		STREET ADDRESS (If rural give location) Lawsonia Section 1	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) CARROLL	(Middle) FRANKLIN	(Last) BYRD	OF DEATH December 27 1955
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced	8. DATE OF BIRTH: June 9, 1887
9. AGE last birthday 68 yrs.		10. BIRTHPLACE (State or foreign country): Crisfield, Md.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machine operator		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jessie W. Byrd		14. MOTHER'S MAIDEN NAME: Jennie Ward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: Mr. Benson Byrd--		Lawsonia Section Crisfield, Md.	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) 420.1 Coronary Disease			
ANTECEDENT CAUSE (B) Arterio Sclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 18....., to 19....., that I last saw the deceased alive on 19....., and that death occurred at 19..... M, from the causes and on the date stated above.			
SIGNATURE William H. Coulbourn M.D.		ADDRESS Crisfield Md Jan 4-1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec. 24, 1955	
NAME OF CEMETERY OR CREMATORY Asbury Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 1-4-56		REGISTRAR'S SIGNATURE Barbara S. Adams	
24. FUNERAL DIRECTOR		ADDRESS Bradshaw & Sons--Crisfield, Md.	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 11 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12359

CERTIFICATE OF DEATH

12339

261

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Westover</u>				TOWN <u>Westover</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
100							
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Mary</u> <u>Cottman</u>				<u>12</u> <u>2</u> <u>1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Fe</u>	<u>Col.</u>	<u>Widowed</u>	<u>Oct. 10, 1877</u>	<u>78</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Domestic</u>		<u>—</u>		<u>Westover Som. Co.</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Issac Horsex</u>				<u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No.</u>		<u>—</u>		<u>Herbert Cottman-Manokin, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
442X IMMEDIATE CAUSE (A) <u>Massive cerebral hemorrhage</u>						<u>20 hrs</u>	
ANTECEDENT CAUSE(S) DUE TO <u>acute dil. of heart</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u>Chronic Int Nephritis - C. Myocarditis</u>						<u>years</u>	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>General arteriosclerosis</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 1, 1955</u> to <u>Dec. 2, 1955</u> , that I last saw the deceased alive on <u>Dec. 1, 1955</u> , and that death occurred at <u>12:35</u> M., from the causes and on the date stated above.							
SIGNATURE <u>George C. Coulthum MD</u>				DATE SIGNED <u>12-3-55</u>			
ADDRESS (Street, city, town, state) <u>Manokin Sta. Md.</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Dec. 8, 1955</u>		<u>John Wesley</u>		<u>Manokin Som. Co. Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12-3-55</u>		<u>Nellie D. Payne</u>		<u>Chas. H. Ward - Manokin Sta., Md.</u>		<u>Box 235</u>	

CERTIFICATE OF DEATH

1. FULL NAME OF DECEASED (Print or Write)

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. MARITAL STATUS

8. EDUCATION

9. RELIGION

10. RACE

11. COLOR

12. HEIGHT

13. WEIGHT

14. BLOOD TYPE

15. DENTAL RECORD

16. PREVIOUS ILLNESS

17. PRESENT ILLNESS

18. CAUSE OF DEATH

19. MANNER OF DEATH

20. PLACE OF DEATH

21. TIME OF DEATH

22. SIGNATURE OF PHYSICIAN

23. SIGNATURE OF CORONER

24. SIGNATURE OF WITNESSES

25. SIGNATURE OF DECEASED

26. SIGNATURE OF FUNERAL HOME

27. SIGNATURE OF BURIAL SOCIETY

28. SIGNATURE OF CEMETERY

29. SIGNATURE OF INTERMENT

30. SIGNATURE OF RECORDS

31. SIGNATURE OF VITALS

32. SIGNATURE OF STATISTICS

33. SIGNATURE OF DEATH

34. SIGNATURE OF BIRTH

35. SIGNATURE OF MARRIAGE

36. SIGNATURE OF DIVORCE

37. SIGNATURE OF WIDOW

38. SIGNATURE OF ORPHAN

39. SIGNATURE OF HEIR

40. SIGNATURE OF ESTATE

41. SIGNATURE OF PROBATE

42. SIGNATURE OF COURT

43. SIGNATURE OF JURY

44. SIGNATURE OF VERDICT

45. SIGNATURE OF FINDING

46. SIGNATURE OF JUDGMENT

47. SIGNATURE OF APPEAL

48. SIGNATURE OF REVERSAL

49. SIGNATURE OF AFFIRMATION

50. SIGNATURE OF OATH

51. SIGNATURE OF PLEDGE

52. SIGNATURE OF VOW

53. SIGNATURE OF PROMISE

54. SIGNATURE OF GUARANTEE

55. SIGNATURE OF WARRANT

56. SIGNATURE OF WRIT

57. SIGNATURE OF PROCESS

58. SIGNATURE OF EXECUTION

59. SIGNATURE OF RETURN

60. SIGNATURE OF REPLY

61. SIGNATURE OF ANSWER

62. SIGNATURE OF DEFENSE

63. SIGNATURE OF OBJECTION

64. SIGNATURE OF EXCEPTION

65. SIGNATURE OF MOTION

66. SIGNATURE OF DEMAND

67. SIGNATURE OF REQUEST

68. SIGNATURE OF APPLICATION

69. SIGNATURE OF PETITION

70. SIGNATURE OF COMPLAINT

71. SIGNATURE OF ALLEGATION

72. SIGNATURE OF CHARGE

73. SIGNATURE OF ACCUSATION

74. SIGNATURE OF CENSURE

75. SIGNATURE OF REPRIMAND

76. SIGNATURE OF Censure

77. SIGNATURE OF REBUKE

78. SIGNATURE OF REPROVAL

79. SIGNATURE OF REPRIMAND

80. SIGNATURE OF REPRIMAND

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100. SIGNATURE OF REPRIMAND

BUREAU V. S.

DEC 6 1955

RECEIVED

NOTIFICATION

1. Name of decedent (Print or Write)
2. Date of death (Print or Write)
3. Place of death (Print or Write)
4. Cause of death (Print or Write)
5. Manner of death (Print or Write)
6. Signature of physician (Print or Write)
7. Signature of coroner (Print or Write)
8. Signature of witnesses (Print or Write)
9. Signature of decedent (Print or Write)
10. Signature of funeral home (Print or Write)
11. Signature of burial society (Print or Write)
12. Signature of cemetery (Print or Write)
13. Signature of interment (Print or Write)
14. Signature of records (Print or Write)
15. Signature of vital statistics (Print or Write)
16. Signature of death (Print or Write)
17. Signature of birth (Print or Write)
18. Signature of marriage (Print or Write)
19. Signature of divorce (Print or Write)
20. Signature of widow (Print or Write)
21. Signature of orphan (Print or Write)
22. Signature of heir (Print or Write)
23. Signature of estate (Print or Write)
24. Signature of probate (Print or Write)
25. Signature of court (Print or Write)
26. Signature of jury (Print or Write)
27. Signature of verdict (Print or Write)
28. Signature of finding (Print or Write)
29. Signature of judgment (Print or Write)
30. Signature of appeal (Print or Write)
31. Signature of reversal (Print or Write)
32. Signature of affirmation (Print or Write)
33. Signature of oath (Print or Write)
34. Signature of pledge (Print or Write)
35. Signature of vow (Print or Write)
36. Signature of promise (Print or Write)
37. Signature of guarantee (Print or Write)
38. Signature of warrant (Print or Write)
39. Signature of writ (Print or Write)
40. Signature of process (Print or Write)
41. Signature of execution (Print or Write)
42. Signature of return (Print or Write)
43. Signature of reply (Print or Write)
44. Signature of answer (Print or Write)
45. Signature of defense (Print or Write)
46. Signature of objection (Print or Write)
47. Signature of exception (Print or Write)
48. Signature of motion (Print or Write)
49. Signature of demand (Print or Write)
50. Signature of request (Print or Write)
51. Signature of application (Print or Write)
52. Signature of petition (Print or Write)
53. Signature of complaint (Print or Write)
54. Signature of allegation (Print or Write)
55. Signature of charge (Print or Write)
56. Signature of accusation (Print or Write)
57. Signature of censure (Print or Write)
58. Signature of reprimand (Print or Write)
59. Signature of rebuke (Print or Write)
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100. Signature of reprimand (Print or Write)

INSTRUCTIONS

1 hours after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 2 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12340

12360 CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Westover</u>				OR TOWN <u>Westover</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
13. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>Helen</u> (Middle) <u>Virginia</u> (Last) <u>Dashield</u>				Dec. 20, 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Fe</u>	<u>Col.</u>	<u>Single</u>	<u>Dec. 27, 1937</u>	<u>17</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housework</u>				<u>Manokin, Som. Co.</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Oscar Dashield</u>				<u>Beulah Collins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No.</u>		<u>218-34-9928</u>		<u>Beulah Collins-Westover, Som. Co. Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
156.1 IMMEDIATE CAUSE (A) <u>Carcinoma Liver</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO						<u>6 mths</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 16, 1955</u> , to <u>Dec 20, 1955</u> , that I last saw the deceased alive on <u>Dec 19, 1955</u> , and that death occurred at <u>4:20 P.M.</u> from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
<u>Eldon G. Markison M.D.</u>				<u>Princess Anne, Md. 12-23-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Dec. 23, 1955</u>		<u>St. James</u>		<u>Westover, Som. Co. Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>DEC 27 1955</u>		<u>John Johnson</u>		<u>Charles H. Ward-Marion Sta., Md.</u>		<u>Box 235.</u>	

15040

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

1955 CERTIFICATE OF DEATH

Year Date

Usual Residence of Deceased

Place of Death

County

MARYLAND

City or Town

Age

Sex

Birth of State

Occupation

Marital Status

Color

Education

Religion

Usual Residence of Deceased

Sex

Birth of State

Occupation

Marital Status

Color

Education

Religion

Usual Residence of Deceased

Sex

Birth of State

Occupation

Marital Status

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Education

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Religion

Usual Residence of Deceased

Sex

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Marital Status

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Education

Religion

BUREAU V. S.

JEC 28 1955

RECEIVED

EXHIBIT

RECEIVED
JAN 28 1955
BUREAU OF VITAL STATISTICS
BALTIMORE, MARYLAND

12356

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
39 TOWN Crisfield		21 years		39 TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
28 Main St.				28 Main St.			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) WELLS		(Middle) WILSON		(Last) EVANS, SR.		OF DEATH: December 26 19 55	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: Nov. 5, 1885	
				9. AGE last birthday 70 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman		10B. KIND OF BUSINESS OR INDUSTRY: Seafood Industry		11. BIRTHPLACE (State or foreign country): Ewell, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Caleb Evans				14. MOTHER'S MAIDEN NAME: Jane Marshall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No. 218-34-9604		17. INFORMANT & ADDRESS: 28 Main St. Wells Evans, Jr.--- Crisfield, Md.	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE 151X				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE (S)				General			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				2 years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: July 1954				19B. MAJOR FINDINGS OF OPERATION: Malignant Carcinoma in left supraclavicular node			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July, 1954, to Dec, 1955, that I last saw the deceased alive on 12/25, 1955, and that death occurred at 10 P. M. from the causes and on the date stated above.							
SIGNATURE A. W. Barr, M.D.				DATE SIGNED 12/27/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				DATE THEREOF Dec. 29, 1955		NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	
						LOCATION (City, town, or county) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 12/29/55		REGISTRAR'S SIGNATURE Barbara S. Adams		24. FUNERAL DIRECTOR Bradshaw & Sons--Crisfield, Md.		ADDRESS	

RECEIVED

JAN 12 1956

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12341

12361 CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Somerset</i>	MARYLAND	STATE <i>Md.</i>	COUNTY <i>Somerset</i>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
X TOWN <i>MARION</i>		TOWN <i>Marion Station</i>	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<i>Lucy White FLEMMING</i>		<i>12 2 1955</i>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<i>Fe</i>	<i>Col</i>	<i>Widowed</i>	<i>Oct. 10, 1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<i>Housework</i>			<i>Somerset County</i>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>Unknown</i>		<i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
<i>No</i>			<i>Mrs. Margaret Gunby Marion Sta. Md.</i>
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 IMMEDIATE CAUSE (A) <i>General debility - Found dead</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Arterio Sclerosis of Coronary</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Disease - Long Illness Bed</i>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Sores</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work Not while at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 3, 1955</i> to <i>Dec 3, 1955</i> , that I last saw the deceased alive on <i>Dec 3, 1955</i> , and that death occurred at <i>Md.</i> from the causes and on the date stated above.			
SIGNATURE <i>Wm. H. Houghorn M.D.</i>		DATE SIGNED <i>Dec 3/55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>Dec. 5, 1955</i>	<i>Branch</i>	<i>Marion Station Md</i>
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	
DATE <i>12-3-55</i>	<i>Nellie O. Payne</i>	<i>Charles H. Ward - Marion Sta. Md.</i>	

Box 235

12357 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>39</u> <u>Crisfield</u>		LENGTH OF STAY (in this place) <u>lifetime</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>39</u> <u>Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>33 Asbury Ave.</u>				STREET ADDRESS (If rural give location) <u>33 Asbury Ave.</u>			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) <u>ALICE</u>		(Middle) <u>MABEL</u>		(Last) <u>HOLLAND</u>		OF DEATH: <u>December 7 19 55</u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE. MARRIED. WIDOWED. DIVORCED. (Specify) <u>Widowed</u>		8. DATE OF BIRTH: <u>August 15, 1880</u>	
9. AGE last birthday <u>75</u> yrs.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forelady</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Shirt Manufacturing</u>		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME: <u>John T. Mason</u>				14. MOTHER'S MAIDEN NAME: <u>Loretta Thomas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS: <u>33 Asbury Ave. Sherman Holland-- Crisfield, Md.</u>							
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>420.1</u> <u>Coronary Thrombosis</u>							
ANTECEDENT CAUSE (B) <u>Hypertensive cardio-vascular disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Tumor (carcinoma?) Sigmoid colon 1 year</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1948</u> , to <u>Dec. 7, 1955</u> , that I last saw the deceased alive on <u>Dec. 7, 1955</u> , and that death occurred at <u>11:00 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>C. S. Rawley M.D.</u>				DATE SIGNED <u>Crisfield, Md.</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec. 11, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Sunnyridge Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>12/10/55</u>		REGISTRAR'S SIGNATURE <u>Barbara J. Adams</u>		24. FUNERAL DIRECTOR ADDRESS <u>Bradshaw & Sons--Crisfield, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 14 1955

BUREAU V. S.

12362 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY SOMERSET		MARYLAND		STATE MARYLAND		COUNTY SOMERSET	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN CRISFIELD		LIFETIME		TOWN CRISFIELD		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
79 MCCREADY HOSPITAL				MCCREADY HOSPITAL			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print)		INFANT SAMUEL JONES		DECEMBER 8		1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
MALE	WHITE	SINGLE	DECEMBER 4, 1955	0 yrs. 0 Months 4 Days			
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):			10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
NONE			NONE	CRISFIELD, MARYLAND		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
ERNEST JONES, JR.				GLADYS ELLIOTT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		NONE		CHARLOTTE AVE. ERNEST JONES, JR. - CRISFIELD, MD.			
18. MEDICAL CERTIFICATION							Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
772.5 Immediate cause (a) Malnutrition							4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pre-maturity (7 mo. pregnancy)							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/4 , 1955, to 12/8 , 1955, that I last saw the deceased alive on 12/5 , 1955, and that death occurred at 9:00 P.M. , from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
G. N. Barlow				12/10/55			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		Dec. 10, 1955		CRISFIELD CEMETERY		CRISFIELD, MD.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
12/10/55		Barlow S. Adams		BRADSHAW & SONS - CRISFIELD, MD.			

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

DEC 14 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12358

CERTIFICATE OF DEATH

12344

Reg. Dist. No. 245

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) 39 TOWN Crisfield		LENGTH OF STAY (in this place) lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 In rear of the Whittington Building				STREET ADDRESS (If rural give location) 218 N. 4th St.		1	
3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) CHARLES THOMAS LLOYD				4. DATE (Month) (Day) (Year) OF DEATH: December 15 1955			
5. SEX: Male		6. COLOR OR RACE: Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: about 1890	
9. AGE last birthday: 65 yrs.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Seafood Industry		11. BIRTHPLACE (State or foreign country): Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Charles Lloyd				14. MOTHER'S MAIDEN NAME: Sarah Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: 112 S. 4th St. Mrs. Mary Drummond—Crisfield, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) 420.1 Coronary Disease							
ANTECEDENT CAUSE (B) DUE TO Arterio Sclerosis							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. William H. Coulbourn, M.D.							
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION		DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.		20. AUTOPSY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1952, to 1955, that I last saw the deceased alive on 12-20-55, and that death occurred at Crisfield, Md. from the causes and on the date stated above.							
SIGNATURE: W. H. Coulbourn		M.D.		ADDRESS: Crisfield Md.		DATE SIGNED: 12-20-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec. 20, 1955		NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 12-20-55		REGISTRAR'S SIGNATURE Barbara A. Adams		24. FUNERAL DIRECTOR Bradshaw & Sons--Crisfield, Md.		ADDRESS	

BUREAU V. S.

DEC 22 1955

RECEIVED

12363 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Smith Island	LENGTH OF STAY (in this place) lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tylerton	
HOSPITAL OR INSTITUTION OR STREET ADDRESS In boat at Levin's Creek		STREET ADDRESS (If rural give location) Smith Island, Maryland	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) CALVIN	(Middle) ETHERIDGE	(Last) MARSH	OF DEATH: December 15 19 55
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE. MARRIED. WIDOWED. DIVORCED. (Specify): Married	8. DATE OF BIRTH: December 11, 1896
9. AGE last birthday: 59 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman		10B. KIND OF BUSINESS OR INDUSTRY: Seafood Industry	
11. BIRTHPLACE (State or foreign country): Tylerton, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jessie J. Marsh		14. MOTHER'S MAIDEN NAME: unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: Mrs. Lydia Marsh—Tylerton, Maryland			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Coronary occlusion			
ANTECEDENT CAUSE (S) DUE TO Arterio Sclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO William H. Coulbourn, M.D.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at M, from the causes and on the date stated above. SIGNATURE: W. H. Coulbourn M.D. Crisfield Md 12/18/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec. 18, 1955	
NAME OF CEMETERY OR CREMATORY Tylerton Cemetery		LOCATION (City, town, or county) Tylerton, Maryland	
DATE REC'D BY LOCAL REGISTRAR 12/18/55		REGISTRAR'S SIGNATURE Barbara S. Adams	
24. FUNERAL DIRECTOR Bradshaw & Sons--Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 22 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 21 Film G191 1-13-56 ams

12346

12364

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN Crisfield		2 weeks		TOWN Marion Station			
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hospital				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH: Dec. 26 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: August 2, 1869	
9. AGE last birthday 86 yrs.		10. AGE last birthday 86 yrs.		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William F. W. Miles				14. MOTHER'S MAIDEN NAME: Sarah Coston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No				16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: W. Ballard Miles Princess Anne, Maryland	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) acute Dil of Heart - Uremia -						1 week	
ANTECEDENT CAUSE (B) Shock -						1 week	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Fractured hip -							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocarditis + Nephritis						years	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR? Marion Som. Md.			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-13-55 M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work		21F. HOW DID INJURY OCCUR? Was wandering around yard and stumbled and fell.			
22. I hereby certify that I attended the deceased from Dec. 13, 1955, to 12-26-1955, that I last saw the deceased alive on 12-26-1955, and that death occurred at M, from the causes and on the date stated above.							
SIGNATURE George C. Boulton		M. D.		ADDRESS Marion Sta. Ind		DATE SIGNED 12-27-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec. 28, 1955		NAME OF CEMETERY OR CREMATORY St. Mary Episcopal		LOCATION (City, town, or county) (State) Pocomoke City, Maryland	
DATE REC'D BY LOCAL REGISTRAR 12-27-55		REGISTRAR'S SIGNATURE Nellie B. Payne		24. FUNERAL DIRECTOR HENRY H. WATSON		ADDRESS Pocomoke, Maryland	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12365
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 260

12347
Reg. Dist.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Upper Hill</u>		LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Upper Hill</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) <u>William</u> (Middle) <u>Turpin</u> (Last) <u>Turpin</u>				4. DATE OF DEATH (Month) <u>December</u> (Day) <u>17</u> (Year) <u>1955</u>			
5. SEX: <u>male</u>		6. COLOR OR RACE: <u>Col</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>Feb - 1869</u>	
9. AGE last birthday: <u>86</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Lil Turpin</u>				14. MOTHER'S MAIDEN NAME: <u>Hermie Waters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>4 No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>none</u>		17. INFORMANT & ADDRESS: <u>Mamie Turpin Upper Hill md.</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) <u>Burned to death - in his home</u> Antecedent cause(s) (b) <u>which was destroyed by fire -</u> Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u>Body charred and partially destroyed.</u>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street office bldg., etc.) <u>home</u>		21c. (City or town) <u>Upper Hill Somerset</u> (County) <u>md.</u> (State) <u>md.</u>			
21d. TIME (Month) <u>Dec</u> (Day) <u>17</u> (Year) <u>65</u> (Hour) <u>1:15A</u> (Minute) <u>M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House burned.</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>R. S. Johnson</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED <u>Dec 19-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>burial</u>		DATE THEREOF <u>Dec 22-55</u>		NAME OF CEMETERY OR CREMATORY <u>Upper Hill</u>		LOCATION (City, town, or county) <u>Upper Hill Somerset Co md</u> (State) <u>md</u>	
DATE REC'D BY LOCAL REG. <u>12/19/55</u>		REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>		24. FUNERAL DIRECTOR <u>Charles Howard Marion Sta. md</u> ADDRESS			

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12348

12366

CERTIFICATE OF DEATH

Reg. Dist. No. *261*

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Somerset</i>	MARYLAND	STATE <i>Md.</i>	COUNTY <i>Somerset</i>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Upperhill</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Upperhill</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Elizabeth Thornton White</i>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<i>Elizabeth Thornton White</i>		Dec. 17 1955	
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>June 7, 1912</i>
		9. AGE last birthday <i>43</i> yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teacher</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Upperhill</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>			
13. FATHER'S NAME <i>Samuel Thornton</i>		14. MOTHER'S MAIDEN NAME <i>Minnie Waters</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No.</i> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>205-20-7472</i>	
		17. INFORMANT & ADDRESS <i>Mrs. Minnie T. Jones-Upperhill, Md.</i>	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <i>Acute Dilatation of Heart-</i>			<i>1 week</i>
ANTECEDENT CAUSE(S) DUE TO (B) <i>acute Pulmonary T. TB.</i>			<i>not known</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Hemorrhage</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>About 1 1/2 yrs ago lung removed on left side in Phila. delphis.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 10, 1955</i> , to <i>Dec 17, 55</i> , that I last saw the deceased alive on <i>Dec 13-</i> , 1955-, and that death occurred at <i>M</i> , from the causes and on the date stated above.			
SIGNATURE <i>George G. Boocellum</i>		ADDRESS (Street, city, town, state) <i>Marion Sta. Md.</i>	
		DATE SIGNED <i>12-22-55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		NAME OF CEMETERY OR CREMATORY <i>Centennial</i>	
DATE THEREOF <i>Dec 23, 1955</i>		LOCATION (City, town, or county) (State) <i>Fairmount, SomCo. Md.</i>	
24. REC'D BY REGISTRAR <i>Nellie D. Payne</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Chas. H. Ward-Marion Sta., Md.</i>	
DATE <i>12-22-55</i>		ADDRESS <i>Box 235.</i>	

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